2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 145167

Entity Name: CBS BUILDERS SUPPLY, INC

1000 CARROLL ST.

CLERMONT, FL 34711

Address:

City-St-Zip:

FILED Mar 13, 2007 Secretary of State

Littly Na	ille. CDS BOI	LDERS SOFFET, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1000 CARROLL ST. P O BOX 120158 CLERMONT, FL 347127158				1000 CARROLL ST. CLERMONT, FL 347127158	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1000 CARROLL ST. P O BOX 120158 CLERMONT, FL 347127158 US			1000 CARROLL ST. CLERMONT, FL 347127158 US		
FEI Number	: 59-0540616	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1000 CAR	E, DENISE W ROLL STREE NT, FL 34711	T US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD (WOLFE, LAWS 1000 CARROL CLERMONT, F	L ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (WOLFE, LAW: 1000 CARROL CLERMONT, F	L ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (WALLACE, DE 1000 CARROL CLERMONT, F	L ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	S (HADDOX, TINA) Delete A S	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DENISE W. WALLACE VP 03/13/2007